

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 12-DEC-2012		TIME 19:30:00		2. ADDRESS OF OCCURRENCE 12828 S MORGAN ST CHICAGO, IL 60643				3. LOCATION CODE 303		4. BEAT/OCCUR 0523		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME DELISLE	7. FIRST NAME JAMES M	8. STAR NO. 16849	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 510	13. WT. 180			
	14. DATE OF APPT. 21-JUN-1999	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 005 0571	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
SUBJECT INFORMATION	20. LAST NAME COLEMAN	21. FIRST NAME PHILLIP	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 600	27. WT. 185				
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? MOUTH (SPIT, BITE, ETC) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED?			34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
36. CHARGES PLACED 720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4										37. CB NO. 18557298		IR NO. [REDACTED]
REASON FOR USE OF FORCE (Check all that apply)	38. DCA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE									
39. DCA			* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION							
WEAPON DISCHARGE INCIDENT			POSITION		STAR NO.		UNIT					
41. WEAPON TYPE			42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS					
45. MAKE/MANUFACTURER			46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
49. TASER DART ID NO.			50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED			
59. WHO FIRED FIRST SHOT			60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CATDRIGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. DID MEMBER USE SIGHTS			
64. HOW WAS MEMBER'S HANDGUN DRAWN			65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		67. POSITION OF MEMBER DISCHARGING WEAPON		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON			
69. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			70. EVENT NO. 1234713460		71. R.D. NO. HV600058		72. CASE INFO.					
73. REPORTING MEMBER (Print Name) DELISLE, JAMES M			STAR/EMPLOYEE NO. 16849		SIGNATURE [REDACTED]		DATE REVIEWED 13-DEC-2012 00:45:54		TIME 13-DEC-2012 00:45:54			
74. REVIEWING SUPERVISOR (Print Name) RIGOLI, MICHAEL A			STAR NO. 235		SIGNATURE [REDACTED]		DATE REVIEWED 13-DEC-2012 00:45:54		TIME 13-DEC-2012 00:45:54			

LOG# 1058981

Attachment 6

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The actions of the involved member are in compliance with department policies, rules and regulations, and the use of force model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RIGOLI, MICHAEL A

SIGNATURE

DATE COMPLETED

TIME

13-DEC-2012 00:48:29

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.O. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

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